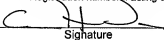


|   |                                  |   |                         |
|---|----------------------------------|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H. R. 4818).)</i>                                    |                                  | Docket Number (Optional)<br>92781-253537    |                         |
| Application Number      10/530,268-Conf. #4632  |                                  | Filed      April 5, 2005                    |                         |
| For    ELECTROLUMINESCENT DISPLAY DEVICES   |                                  |   |                         |
| Art Unit      2629  |                                  | Examiner      A. Y. Chowdhury               |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                                  |   |                         |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                                  |   |                         |
|   |                                  | <u>Fee</u>                                  | <u>Small Entity Fee</u> |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))    | \$130                                       | \$65      \$ _____      |
| <input checked="" type="checkbox"/>   | Two months (37 CFR 1.17(a)(2))   | \$490                                       | \$245      \$ 490.00    |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3)) | \$1110                                      | \$555      \$ _____     |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1730                                      | \$865      \$ _____     |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2350                                      | \$1175      \$ _____    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                  |   |                         |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |   |                         |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |   |                         |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                                  |   |                         |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>22-0261</u>                   |                                  |   |                         |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>               |                                  |   |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |   |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |                                  |   |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>43,197</u>  |                                  |   |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.   |                                  |   |                         |
| Registration number if acting under 37 CFR 1.34      _____  |                                  |   |                         |
| <br>_____<br>Signature   |                                  | January 12, 2009<br>_____<br>Date           |                         |
| _____<br>Cameron H. Tousi<br>Typed or printed name  |                                  | _____<br>(703) 760-1913<br>Telephone Number |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                                  |   |                         |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |                                  |   |                         |